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IN THE  
UNITED STATES  
PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: Katefidis

ATTY DOCKET NO: OST-031145

RESPONSE TO  
OFFICE ACTION

SER. NO.: 10/642,401

FILING DATE: August 15, 2003

FOR: BURNER FOR A THERMAL POST-  
COMBUSTION DEVICE

MAIL STOP: AF  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

ATTENTION OF:  
A.U. 3749

EXAMINER:  
Basichas, Alfred

Dear Sir:

If any charges or fees must be paid in connection with the following communication, they may be paid out of our Deposit Account No. 50-0545.

This is in reply to the Advisory Action mailed July 19, 2005. In the Advisory Action, the reply period was set to expire four (4) months from the mailing date of the final rejection (i.e., April 1, 2005). Thus, this reply is deemed to be timely since it has been mailed on August 1, 2005.

Please amend the application as indicated below, and please consider the following remarks toward reconsideration and passage to allowance.

Amendments to the Claims are reflected in the listing of claims that begin on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

FACTOR & LAKE, LTD.  
1327 W. Washington Blvd  
Suite 5G/H  
Chicago, IL 60607  
(312) 226-1818 Telephone  
(312) 226-1919 Facsimile

Jody L. Factor	34157
Micheal D. Lake	33727
Edward L. Bishop	39110
William J. Lenz	44208
Joseph M. Kinsella Jr.	45743
Nick Lee	54260

125/ \$100  
MURKIN LEVISON ATTORNEYS AT LAW  
1000 PENNSYLVANIA AVENUE, N.W.  
SUITE 1000  
WASHINGTON, D.C. 20004-3010  
(202) 293-1000  
FAX: (202) 293-1001

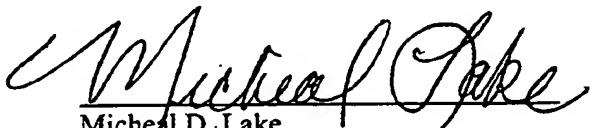
further fees should be due at this time.

Based on the above, Applicant submits that the present claims should now be in condition for allowance. Therefore, reconsideration and passage to allowance of all pending claims is respectfully requested.

Should anything further be required, a telephone call to the undersigned at (312) 226-1818 is respectfully requested.

Respectfully submitted,

FACTOR & LAKE, LTD.



Michael D. Lake  
One of Applicant's Attorneys

Dated: August 1, 2005

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Patent Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 1, 2005.

Yolanda Solis

Name of Applicant, assignee, applicant's attorney or Registered Representative

  
Signature

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/642401

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS			
FOR		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	8	minus 20 =	
INDEPENDENT CLAIMS	1	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE  OTHER THAN  
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	385.00	OR BASIC FEE	770.00
XS 9=		OR XS18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL		OR TOTAL	770.00

2-4-05 CLAIMS AS AMENDED - PART II  
SMALL ENTITY OR OTHER THAN  
AMENDMENT

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	8	Minus	-- 20	=
Independent	1	Minus	--- 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

SMALL ENTITY OR OTHER THAN  
AMENDMENT

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
XS 9=		OR XS18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	8	Minus	-- 20	=
Independent	1	Minus	--- 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
XS 9=		OR XS18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
8/3/5	7	Minus	-- 20	=
Independent	3	Minus	--- 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
XS 9=		OR XS18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

+ (3) 4 (5) 8  
 \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
 \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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